

Acct 10/10/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS108AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2009</b>
	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2121 W CHARLESTON BLVD LAS VEGAS, NV 89102</b>		

NAME OF PROVIDER OR SUPPLIER  
**CHARLESTON RES. CARE HOTEL**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/25/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 128. Twenty-six resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 178 SS=D	<p><b>449.209(5) Health and Sanitation-Maintain Int/Ext</b></p> <p>NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This RULE: is not met as evidenced by:</p>	Y 178		

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AND CERTIFICATION  
CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 5

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Y 178	Continued From Page 1  Based on observation, interview and record review on 3/25/09, the facility failed to ensure damage to the ceilings in 11 of 66 resident rooms were repaired after leaks in the facility's roof were repaired (Resident room #208, #211, #212, #213, #216, #217, #218, #223, #227, #228 and #229).  Severity: 2 Scope: 1	Y.178	Ceilings have repeatedly been repaired after rain. The rooms noted herein will have ceilings repaired by 4-18-09. Maintenance supervisor will monitor ceiling damage & immediately repair in future. Caring staff, in all rooms daily, will advise Maint. Supv. and Administrator anytime damage of a ceiling is observed.	4-18-09	
Y 223 SS=F	449.213(3) Laundry-Linen - Equipment, Venting  NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure.  This RULE: is not met as evidenced by: Based on observation and interviews on 3/25/09, 2 of 2 washing machines in the laundry area used by staff and residents did not function properly on a consistent basis, the ceiling exhaust fan was unplugged and did not work, and a door to a storage cabinet located over the dryer was detached from the cabinet and stored with half the door protruding off the top of the	Y 223	Both washing machines were repaired by 3-28-09 by Direct Appliance Repair Ceiling exhaust fan & cover & loose wire removed. Cabinet door removed from top of the cabinet - no longer a safety issue.	3-28-09 3-29-09 3-27-09	



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Y 255	Continued From Page 3  refrigerator were not rusted; - the kitchen floors were clean especially under and behind equipment, and there was not an accumulation of refuse behind the ice machine; - the can opener and the juice gun were clean; - worn cutting boards with rough surfaces were replaced as they can not be cleaned properly; - an open case of styrofoam cups were stored off the floor on approved racks; - tile floors on the cook's line and the dishroom were not damaged; - the floor and walls in the mop room were kept in good repair; - there were no base cove tiles missing on the wall below the reach-in pass-through doors; and - the garbage cans and lids in the kitchen were kept clean.  Severity: 2 Scope: 3	Y 255	Kitchen floor (as noted) cleaned immediately & tested / which ice machine cleaned can opener, juice gun garbage can & lids cleaned. Kitchen supervisor will monitor this on continuing basis. Staff re-trained on cleaning procedures. cutting board replaced tiles replaced by professional 4-18-09 cups immediately stored to appropriate area		3-26-09   3-27-09  3-29-09 4-18-09 3-26-09
Y 936 SS=B	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This RULE: is not met as evidenced by: Based on record review on 3/25/09, the facility failed to ensure the read date of tuberculosis	Y 936	Kitchen supervisor again reviewed with staff the proper way to handle fileriors & storage of food  Kitchen supervisor to monitor continually to insure safety, cleanliness in food service area  Administrative / record TB test were, in timely manner at all times.		

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If continuation sheet 4 of 5

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NAME OF PROVIDER OR SUPPLIER  <b>CHARLESTON RES. CARE HOTEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2121 W CHARLESTON BLVD LAS VEGAS, NV 89102</b>		
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Y 936	Continued From Page 4  (TB) tests on 11 of 26 residents were record in compliance with NAC 441A.380 (Resident #1, #6, #8, #11, #12, #13, #19, #20, #21, #24 and #25).  Severity: 1 Scope: 2	Y 936	<p>documentation form did not have place to document date (beside nurse's signature) on the TB form. At least 3 different nurses signed forms when TB test was read but omitted date test was read (oversight). Form changed to include spot for date TB test is read to prevent this documentation oversight in the future. Administrator to insure documentation is proper.</p> <p>Overall, deficiencies are being addressed immediately. We are pleased &amp; excited that in spite of serving such a large number of residents, what is noted in this SQD reflects somewhat minor issues. Resident safety, quality of care &amp; satisfaction is most important &amp; we are proud of our efforts in these areas.</p>	3-31-09	

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STATE FORM

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If continuation sheet 6 of 5

Margaret Connelley  
Administrator